

1212

N. 6.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.

MARGINAL RESERVE FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Gila
District of Maricopa
Town of Winkelman
or
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 1830
County Registrar No. 773
Local Registrar No. _____

2. Full name of child Lurline May Evans (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No. in order of birth _____
6. Birthmarks? Yes
7. Date of birth Aug 28 1924
Month day year

8. FATHER Full name <u>Arthur Hugh Evans</u>		14. MOTHER Full name <u>Ruby Bittick</u>	
9. Residence <u>Winkelman</u> (Usual place of abode) If nonresident, give place and state <u>Arizona</u>		15. Residence <u>Winkelman</u> (Usual place of abode) If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>White</u>	16. Color or race <u>White</u>	11. Age at last birthday <u>29</u> (Years)	17. Age at last birthday <u>17</u> (Years)
12. Birthplace (city or place) <u>Ell County Texas</u> (State or country)	18. Birthplace (city or place) <u>Basal County Arizona</u> (State or county)	13. Occupation <u>farmer</u> Nature of industry	19. Occupation <u>house wife</u> Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 8
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmic neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.
(Born alive or stillborn)

Signature Dr. P. J. ...
(Physician or midwife)
Address _____
Given name added from supplemental report _____
Month, day, year _____

Filed Oct 20 1924 _____ Local Registrar.
Filed 11-5 :24 B. G. ... County Registrar.

Registrar.

352-828-922